

State of Hawaii

Signature _____

Date _

COMMISSION ON WATER RESOURCE MANAGEMENT Department of Land and Natural Resources APPLICATION FOR WATER USE PERMIT

☐ Groundwater or ☐ Surface Water

Instructions: Please print in ink or type and send 15 copies of completed application with attachments to the Commission on Water Resource Management, P.O. Box 621, Honolulu, Hawaii 96809. Application must be accompanied by a non-refundable filing fee of \$25.00 payable to the Dept. of Land and Natural Resources. The Commission may not accept incomplete applications. For assistance, call the Regulation Branch at 587-0225. For further information and updates to this application form, visit http://www.hawaii.gov/dlnr/cwrm.

For Official	Use	Only:

PΕ	RMITTEE INFORMATION								
1.	(a) APPLICANT		(b) LANDOWNER OF SOURCE Firm/Name Contact Person Address						
	Firm/Name								
	Contact Person								
	Address								
	Phone Fax		Phone		Fax				
	E-mail		E-mail						
SC	URCE INFORMATION								
2.	WATER MANAGEMENT AREA:				ISLAND:				
3. (a) EXISTING WELL/STREAM DIVERSION NAME AND STATE NUMBER:									
	(c) LOCATION: Address(Attach and show source location on a USGS ma				Мар Кеу:	:			
4.	SOURCE TYPE (check one): ☐ Stream	☐ Basal	□ D	ike-confined	Perched	☐ Caprock			
5.	METHOD OF TAKING WATER (check one):	☐ Artesian	□W	ell & Pump	☐ Diverted Surface	☐ Other (explain)			
US	E INFORMATION								
 7. 8. 9. 11. 12. 	☐ Industrial ☐ Military ☐ Other Explain PROPOSED TIME OF WATER WITHDRAWAL OR DIVERSION: (daytime hours of operation; example, 7 a.m. to 2 p.m.)								
13.	REMARKS, EXPLANATIONS:								
the req per	FE: Signing below indicates that the signatories understates to their knowledge; 2) Item 14 is the responsibility of Lired before the application is considered complete; 4) If mitted uses, changes in sustainable yields and instream are uses; and 5) Upon permit approval, a water shortage papers. Applicant (print)	of the applicant pr a water use pern flow standards, re lan must be subm	ior to Commiss nit is granted by eserved uses as litted by the app	ion approval ; y the Commiss s defined by th blicant should	 3) If necessary, further sion, this permit is subjected he Commission, and Have 	information may be ect to prior existing waiian Home Lands one.			

Signature _____

Date _

TABLE 1. TMKs TO USE REQUESTED WATER

1	2	3	4	5	6	7	8	9	10	11	12	13
	EXISTING							4-YEAR CUMULATIVE PROJECTED DEMAND				
PROJECT NAME & PHASES (Include address if applicable) Identify project no. on TMK map	or NEW USE (If existing, fill in date of first use)	POTABLE or NONPOTABLE	тмк	STATE LUD	CURRENT COUNTY ZONING CODE	UNITS or NET ACRES	GPD/UNIT or GPD/ACRE	YEAR 1	YEAR 2	YEAR 3	YEAR 4	ULTIMATE DEMAND GPD (TO BUILD OUT)
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												
11.												
12.												
13.												
14.												
TOTAL GPD												
(For Oahu only) DEPARTMENT OF PLANNING AND PERMITTING SIGNATURE												

Instructions for completing Table 1: Individual projects and phases must be listed separately and numbered sequentially on Table 1. Copy Table 1 and attach additional sheets if necessary. Please indicate individual projects and phases on TMK maps by clearly delineating project areas and indicating sequential number within delineated areas to coincide with Table 1. Please attach a separate sheet giving the address and a brief description of each project and phase listed above. In addition, if the proposed use is existing, please provide the WUP No. or indicate when the existing use was initiated. Also, the Department of Planning and Permitting (DPP) must sign before application is acceptably complete. Please consult with DPP at 650 South King Street, 7th Floor, Honolulu, HI 96813